

UTAH INSURANCE DEPARTMENT

APPLICATION INFORMATION FORM
FOR RECOGNITION AS ACCREDITED REINSURER
(\$1002 FEE required with this form R590-102-6)
(E-Commerce fee \$50 R590-102-14)

NAME OF INSURER _____

Administrative Mailing Address:

Street _____

PO Box _____

City/State/Zip _____

Telephone Number _____

Fax Number _____

Annual Statement Contact

Name of person to contact _____

Title _____

Address, if different from above _____

Direct Phone Number _____ - _____ - _____

FAX Number _____

Date organized _____ State or Country of Domicile _____

NAIC Number Company _____ Group _____

Is this a subsidiary? If so, list parent company: _____

Is this a parent company? If so, list insurance subsidiaries:

List states and countries in which the company is an admitted, licensed insurer:

List states in which company is a recognized Reinsurer.

CERTIFICATE OF ASSUMING INSURER

1. _____,
(name of officer) (title of officer)
of _____, the assuming insurer
(name of assuming insurer)
under a reinsurance agreement(s) with one or more insurers domiciled in the State of Utah, hereby
certify that _____ (Assuming Insurer)
(name of assuming insurer)

1. Submits to the Jurisdiction of any court of competent jurisdiction in the State of Utah for the adjudication of any issues arising out of the reinsurance agreement(s), agrees to comply with all requirements necessary to give such court jurisdiction, and will abide by the final decision of such court or any appellate court in the event of an appeal. Nothing in this paragraph constitutes or should be understood to constitute a waiver of Assuming Insurer's rights to commence an action in any court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another court as permitted by the laws of the United States or of any state in the United States. This paragraph is not intended to conflict with or override the obligation of the parties to the reinsurance agreement(s) to arbitrate their disputes if such an obligation is created in the agreement(s).

2. Designates the Insurance Commissioner of the State of Utah as its lawful attorney upon whom may be served any lawful process in any action, suit or proceeding arising out of the reinsurance agreement(s) instituted by or on behalf of the ceding insurer. We designate (name & complete address) _____
as the person to whom the Commissioner shall forward all legal processes against this company served upon him.

3. Submits to the authority of the Insurance Commissioner of the State of Utah to examine its books and records and agrees to bear the expense of any such examination.

4. Submits with this form a current list of insurers domiciled in the State of Utah reinsured by Assuming Insurer, and undertakes to submit additions to or deletions from the list to the Insurance Commissioner at least once per calendar year.

Dated: _____

(name of assuming insurer)

By: _____
(Signature of officer)

(Title of officer)

STATE OF UTAH DEPARTMENT OF INSURANCE

Requirements for a foreign insurer seeking Status as an Accredited Reinsurer in the State of Utah. Utah Insurance Code 31A-17-404 included.

The following items and statements must accompany your letter of request:

1. **Application for Accredited Reinsurer** - The reinsurer must be an authorized insurer in at least one state which the Utah Commissioner designates by rule or order as having been found to enforce standards regarding credit for reinsurance substantially similar to those applicable under Utah Insurance Code 31A-17-404. **Fee is \$1000** which must accompany application.
2. **Certificate of Compliance** - An **original certificate** over the signature and seal of applicant's domestic regulatory authority showing that applicant is duly organized under the laws of such jurisdiction and is authorized to transact the business of insurance. **Clarification of lines of authority if lines of authority are indicated by alphabet or number only.** Certificate must not be older than three months.
3. **Certificate of Statutory Deposit** (Original not dated over three months from date of application.)
4. **Name of State and Legal Opinion** that the state does enforce standards regarding credit for reinsurance that are substantially similar to the requirements of Utah Insurance Code Section 31A-17-404 (3)(e). **A copy of the section of the law from the state must accompany the opinion.**
5. **Certificate of Assuming Insurer** (form enclosed) must include name and address of designated person to whom Commissioner shall forward all legal processes against this company served upon him.
6. **Annual Statement** - the most recent filing, including substantially the same information as that required of authorized insurers, on the National Association of Insurance Commissioners Annual Statement form described in Section 31A-4-113 of the Utah Insurance Code. This Statement shall be submitted with the initial application and no later than March 1 of each renewal year. Statement shall have original signatures.
7. **List of all jurisdictions** - A statement listing all jurisdictions in which the applicant has applied for recognition to conduct a Reinsurance business and dates and results of those applications.
8. **Risk Based Capital** - A copy of the applicant's most recent Risk Based Capital Report submitted in the level of detail required by the NAIC.
9. **Financial Examination Report** - Certified by company's domestic state less than 3 months from date of submission. Must be less than 3 years since date of examination.

The Order Granting Status as Accredited Reinsurer is granted for the period ending March 1 of the subsequent year, subject to annual renewal thereafter following the terms and conditions set forth in the Order. It is the responsibility of the reinsurer to renew the application and submit the documents required in Utah Insurance Code Section 31A-17-404. Renewal Fee is \$302.

Accredited Reinsurance
QUALIFICATION CHECK LIST

Company Name _____

State of Domicile _____
Date Organized _____

NAIC Company # _____
NAIC Group # _____

Address _____

<u>Item</u>	<u>Date Received</u>	<u>Date Approved</u>
1. Application with Fee \$1002	_____	_____
2. Certificate of Compliance from domestic state	_____	_____
3. Certificate of Statutory Deposit _____	_____	_____
4. Legal Opinion & code section from other state	_____	_____
5. Certificate of Assuming Insurer	_____	_____
6. Annual Statement	_____	_____
7. List of all jurisdictions	_____	_____
8. Risk Based Capital	_____	_____
9. Financial Examination Report as of _____	_____	_____

ADDITIONAL INFORMATION:

Date Rec'd

Date Approved _____

Date Denied _____ Reason for Denial or withdrawal _____